|   |  |   | . = ./          |                   |                                  |                  |       |                     | -114"                        |         |                               |  |  |  |
|---|--|---|-----------------|-------------------|----------------------------------|------------------|-------|---------------------|------------------------------|---------|-------------------------------|--|--|--|
|   | DATENT ADDITIONALEE DETERMINATION DECO         |   |                 |                   |                                  |                  |       |                     | Application or Docket Number |         |                               |  |  |  |
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001  678-800 (Plossy)  |  |   |                 |                   |                                  |                  |       |                     |                              |         |                               | 003Y)  |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                 |                   |                                  |                  |       | SMALL ENTITY TYPE ( |                              |         | OTHER THAN<br>OR SMALL ENTITY |  |  |  |
| TOTAL CLAIMS  |  |   | 14              |                   |                                  |                  | ſ     | RATE                | FEE                          |         | RATE                          | FEE  |  |  |
| FOR   |  |   | NUMBER FILED    |                   | NUMBER EXTRA                     |                  | Ī     | BASIC FEE           | 370.00                       | OR      | BASIC FEE                     | 740.00   |  |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | \U minus 20=    |                   | * Ø                              |                  |       | X\$ 9=              |                              | OR      | X\$18=                        |  |  |  |
| INDEPENDENT CLAIMS  |  |   | ₩ minus 3 =     |                   | * /                              |                  |       | X42=                |                              | OR      | X84=                          | 84   |  |  |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM P                              | RESENT          |                   |                                  |                  | ı     | +140=               |                              | OR      | +280=                         | 01   |  |  |
| * If the difference in column 1 is less than zero, enter "0" in colum   |  |   |                 |                   |                                  | olumn 2          | L     | TOTAL               |                              | OR      | TOTAL                         | 794  |  |  |
| CLAIMS AS AMENDED - PART II   |  |   |                 |                   |                                  |                  |       | IOIAL               |                              | UN      | OTHER                         | Aq. 1  |  |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                 |                   |                                  |                  |       | SMALL               | ENTITY                       | OR      | SMALL                         |  |  |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | NUM<br>PREVI      | HEST<br>IBER<br>OUSLY<br>FOR     | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE       |         | RATE                          | ADDI-<br>TIONAL<br>FEE                           |  |  |
|   | Total  | *   | Minus           | **                |                                  | =                |       | X\$ 9=              |                              | OR      | X\$18=                        | \  |  |  |
|   | Independent                                    | *   | Minus           | ***               |                                  | =                |       | X42=                |                              | OR      | X84=                          |  |  |  |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                   |                                  |                  |       | +140=               |                              | OR      | +280=                         |  |  |  |
|   |  |   |                 |                   | •                                |                  |       | TOTAL               |                              |         | TOTAL                         |  |  |  |
|   | (Column 1) (Column 2) (Column 3)               |   |                 |                   |                                  |                  |       | ADDIT. FEE          | <u></u> _                    | JON     | ADDIT. FEE                    |  |  |  |
|   |  | (Column 1)<br>CLAIMS                      |                 | HIG               | HEST                             | (Column 3)       | 1 1   |                     | ADDI-                        | 1       |                               | ADDI-  |  |  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |                 | PREV              | MBER<br>HOUSLY<br>D FOR          | PRESENT<br>EXTRA |       | RATE                | TIONAL<br>FEE                |         | RATE                          | TIONAL   |  |  |
|   | Total  | *   | Minus           | **                |                                  | =                |       | X\$ 9=              |                              | OR      | X\$18=                        |  |  |  |
|   | Independent                                    | *   | Minus           | ***               |                                  | =                |       | X42=                |                              | OR      | X84=                          |  |  |  |
|   | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DE      | PENDEN            | IT CLAIM                         |                  | J     | +140=               |                              | OR      | +280=                         |  |  |  |
|   |  |   |                 |                   |                                  |                  |       | TOTAL               |                              | OR      | TOTAL<br>ADDIT. FEE           |  |  |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                 |                   |                                  |                  |       | ADDIT. FEE          |                              |         | אטטוו. רבנ                    | -  |  |  |
| AMENDMENT C   |  | CLAIMS REMAINING AFTER AMENDMENT          |                 | HIG<br>NU<br>PREV | MHEST<br>MBER<br>MOUSLY<br>D FOR | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE       |         | RATE                          | ADDI-<br>TIONAL<br>FEE                           |  |  |
|   | Total  | *   | Minus           | **                |                                  | =                | 1     | X\$ 9=              |                              | OR      | X\$18=                        |  |  |  |
| MEN   | Independent                                    | *   | Minus           | ***               |                                  | =-               |       | X42=                |                              | 1       | V04                           | 1  |  |  |
| Ī   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                   |                                  |                  | ]     |                     |                              | OR      |                               | <del>                                     </del> |  |  |
|   |  |   | the acts to     | luma C ···        | ila KOP != =:                    | olumo 3          |       | +140=               |                              | OR      |                               |  |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **TOTAL ADDIT. FEE |  |   |                 |                   |                                  |                  |       |                     |                              |         |                               |  |  |  |
| "   | the "Highest Ni"<br>The "Highest Nu            | umber Previously I<br>mber Previously P   | aid For" (Total | or Indeper        | c is less in<br>ndent) is th     | e highest numb   | er fo | und in the a        | opropriate bo                | ox in c | olumn 1.                      |  |  |  |